

# NATIONAL Assessment Centre Services

Ref: Jan 05 MWA 1910888

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 12/19-10:40      | Job description                          | Date & Time Completed | Done by |
| Ref No: HA/Tm2 1901488724 | SAS e-filing                             |                       |         |
| Veh No: 65685157          | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: 12/19-15:30        | i-Motor Claim Form                       |                       |         |
| OD: TP Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | i-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: JAD 52646   | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:  |                       |
| Policy No: (                             | Period: (   | Cover Type: (         |
| Confirmed by: (                          | Date:   | Time:                 |
| Insured/Driver Liability: (              | % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                                |                       |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                        |                       |

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

|   |                       |         |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616)                      | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| HA 1906241                      | Invoice Preparation Checklist                   | Am (\$)     | Am (\$)  |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               | Est Bill    | Add Bill |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |          |
|                                 | 5) RT: Follow-Through Survey (Resurvey) \$30    |             |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | OD*   |             |          |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
| Auditors' Comments:-            | TP (Nil) : TP (Nil) against INC \$20            |             |          |
| Dat. 1:                         | 9) N12: Idac Mobile 30                          |             |          |
| Dat. 2 / 3:                     | Invoice dated                                   | Fee Charged |          |
|                                 | Invoice dated                                   | Fee Charged |          |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| ACCIDENT STATEMENT   |   |
|--|---|
| Date Of Report   | 19/08/2019 10:40                        |
| Date Of Accident   | 17/08/2019 15:30                        |
| Exact Location Of Accident   | STEVEN RD                               |
| Country/State of Loss  | SINGAPORE                               |
| DETAILS OF OWN VEHICLE   |   |
| Vehicle Registration Number  | GBG8515T                                |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LINK 2 LINK ASIA PACIFIC PTE LTD        |
| Co Reg No  | 200700322N                              |
| Email Address  | NOEMAIL                                 |
| Mobile Phone No  |   |
| Alternative Phone No   | OFFICE-899999999                        |
| Vehicle Particulars  |   |
| Manufacturer   | NISSAN                                  |
| Model  | NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                                 |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                      |
| If No, Please state action to be taken                                       | THIRD PARTY                             |
| Vehicle Category   | COMMERCIAL VEHICLE                      |
| Insurance Company  |   |
| Name of Insurance Company  | TOKIO MARINE INSURANCE SINGAPORE LTD    |
| Type Of Coverage   | COMPREHENSIVE                           |
| Fleet Policy   | NO                                      |
| Policy Number  | 18-MU012038-R01                         |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | ZHAO GUOWEI, ALVIN                      |
| NRIC No  | S8318888Z                               |
| Date Of Birth  | 20/06/1983                              |
| Occupation   | OUTDOOR                                 |
| Date Of Driving Pass   | 13/01/2005                              |
| Driving Experience   | 14 YEARS AND 7 MONTHS                   |
| Gender   | MALE                                    |
| Mobile Number  | (LOCAL) +65-96864985                    |
| Fax Number   |   |
| Contact Number   | OFFICE-96864985                         |
| Email Address  | NOEMAIL                                 |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 519 JELAPANG ROAD<br>#02-177 |
| Postcode  | 670519                           |
| Was driver an employee of the Insured's Company     | NO                               |
| If No, Relationship of the Driver with the Insured  | FRIEND                           |
| Vehicle Registration Number of Driver's Own Vehicle | -                                |
|   | -                                |
|   | -                                |
| Insurance Company of Driver's Own Vehicle           | -                                |
|   | -                                |
|   | -                                |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR                         |
| Road Surface       | DRY                           |

#### Other Information

|   |                               |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                            |
| Number of vehicles (including own vehicle) involved in the accident                         | 2                             |
| Was any body injured in the Accident?   | NO                            |
| Was any injured conveyed to hospital by ambulance?  |                               |
| Was any other material or property damaged?   | YES                           |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                            |
| Number of Passengers (Including Driver)   | 2                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHD5264G |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |
| NRIC/Passport Number        |          |
| Contact Number              |          |
| Address                     |          |
| Postcode                    |          |
| Insurance Company Name      |          |

Nature Of Damage

No. Of Passenger (Including Driver)

1



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

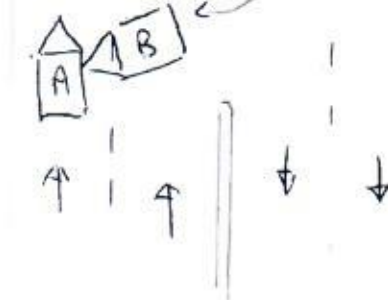
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

LINK2LINK  
NSA PROTECT PTE LTD

# SKETCH PLAN

Steven Rd



DoA 17/8/19

A. GBC 8515 T

B. SHD 5264 G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Steven Rd. suddenly veh B from the opposite road made a U-turn & collided into my veh at RH portion

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature

Date & Time:

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Personal Particulars

Date of Accident: 17/8/19 Time of Accident: 3.30 pm  
Exact Location of Accident: Steven Rd  
Owner's Name: Link 2 Link Asia Pacific PL NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Zhao Guowei Alvin NRIC No: 58318838 HP No: 96864985  
Date of Birth: 20/6/1983 Driving Licence Passing Date: 13/1/2006 Occupation: Indoor / Outdoor  
Address: 519 Jelapang Rd #02-177 (670519)  
Relationship of Driver with Insured: Friend Email Address: \_\_\_\_\_  
Vehicle No: GBG 8515T Make & Model: Nissan  
Insurance Co: Tokio Coverage: Comprehensive Policy No: 18-M4012038-RO1

\*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ ☐ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: 1 + 0 C: \_\_\_\_\_ D: \_\_\_\_\_  
woman

\*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: Alvin Zhao Guowei Alvin

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No)

## Third Party Driver's Particulars

Vehicle B No: SHD 5264G Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

## Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8318888Z



Name

ZHAO GUOWEI, ALVIN

招 国 威

Race

CHINESE

Date of birth

20-06-1983

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

Vehicle Number S8318888Z

ZHAO GUOWEI, ALVIN

Exp. Date 20 Jun 1983

Issue Date 19 Jan 2012

002031597R

4 8 2 3 9 0



Vehicle No. S8318888Z



Date of issue

19-01-2012

Address

APT BLK 519 JELAPANG ROAD  
#02-177  
SINGAPORE 670519

For LKK/NAC Use Only

44318332

S / No. 9000323777



Vehicle No. S8318888Z

NP 428A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 1

Class 4

Motor cars up to 3000 kg with < 7 passenger seats, exclusive of the driver's seat and motor cycles with engine capacity < 2500 cc  
Heavy motor cycles and motor tractors > 2500 kg

13 Jan 2006

24 Jun 2015





## Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Policy No.: 18-MU012038-R01 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBG8515T **Chassis No.:** VSKYBAM20Z0148493
2. **Name of Policyholder** LINK 2 LINK ASIA PACIFIC PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 17/11/2018
4. **Date of Expiry of Insurance** 16/11/2019
5. **Persons or Class of Persons entitled to drive\***  
Any person who is driving on the policyholder's order or with their permission.

\* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to use\***

- 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: 2689DDA

|                                       |                                      |         |
|---------------------------------------|--------------------------------------|---------|
| <b>Insurance Plan:</b>                | Comprehensive Approved Workshop Plan |         |
| <b>Limit for total loss or theft:</b> | Prevailing Market Value              |         |
| <b>Policy Excess:</b>                 | Own Damage Claims                    | SGD 750 |
|                                       | Windscreen Excess                    | SGD 100 |
| <b>Financial Interest:</b>            | HL BANK                              |         |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature